



Healthcare Workforce Development Division

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SITE VISIT REPORT
Santa Rosa Family Medical Residency
Report completed by: Terrie Smith, Program Analyst

Date: April 2, 2009

Time: 9:15 AM – 12:30 PM

Location: Santa Rosa Family Medical Residency
3324 Chanate Road
Santa Rosa, CA 95404

Discussion: Dr. Colin Kopes-Kerr, Program Director, completed the Site Visit Tool and provided comments to the staff. See staff comments provided throughout document.

Staff also met with Dr. Jeff Haney, Assistant Program Director to discuss Song-Brown's programs and processes, and Jin Kwon, Second Year Resident, who took us on both clinical tours.

Site Tours: Song-Brown staff toured the Family Practice Center. The clinic is committed to training residents who are dedicated to working with the underserved in Sonoma County, as well as inner city and rural populations. The faculty and residents are very diverse and speak many languages. Twenty five percent of the patients they see speak only Spanish; they also serve the Vietnamese, Laotian, Cambodian, Lau, Eritrean, and Ethiopian communities.

Song-Brown staff toured the Catholic Charities Family Support Center (FSC) located in downtown Santa Rosa. The FSC is supported by nearly 20 churches and organizations. The shelter helps homeless families and can serve up to 130 people daily. Services include two meals, breakfast and dinner, employment and housing counseling, and 12-step and anger management counseling. They also offer medical screening and have an on-site Free Clinic; residents from the Santa Rosa Family Medicine Residency staff these medical services. Staff met with Nick Baker, Program Director of the Family Support Center.

All Family Practice residents are required to rotate through this clinic during their clinical training.

Findings: The Santa Rosa Family Medicine Residency Family Practice Program meets and/or exceeds each of the minimum standards in Section II and III of the Site Visit Evaluation Review.

SONG-BROWN HEALTH CARE WORKFORCE TRAINING PROGRAM

Family Practice Residency Program Site Visit Evaluation Review

Training Program Information

Name of Training Program: Santa Rosa Family Medical Residency

Date of Site Visit: 4/2/2009 Site Visit Review Staff: Melissa Omand & Terrie Smith

Names and Titles of Persons Interviewed: Colin Kopes-Kerr, MD, JD, MPH, Program Director and Dr. Jeff Haney, Assistant Program Director

Site visit questions relate to the Song-Brown Health Care Workforce Training Act Standards for Family Practice Residency Programs, established by the California Healthcare Workforce Policy Commission, pursuant to Health and Safety Code 128200. Each training program standard is presented in bold:

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- I. Each Family Practice Residency Training Program approved for funding and contracted with under the Song-Brown Health Care Workforce(hereinafter "the Act") shall, prior to the initiation of training and the transfer of State funds:**
 - A. Meet the American Medical Association's "ACGME program requirements for Graduate Medical Education in Family Practice", and**
 - B. Be approved by the Residency Review Committee on Family Practice of the American Medical Association, as documented in a formal letter of approval from the Residency Review Committee, or the Liaison Committee on Graduate Medical Education, and**
 - C. Be provided by an accredited medical school or a teaching hospital which has programs or departments that recognize family practice as a major independent specialty, or**

For postgraduate osteopathic medical programs in family practice:

- A. Be approved by the American Osteopathic Association (AOA) Council on Postdoctoral Training and meet requirements to ensure that Osteopathic Programs are comparable to programs specified above, and**
- B. Be accredited as an "Osteopathic Postdoctoral Training Institution" (OPTI) by the Bureau of Professional Education through the Council on Postdoctoral Training (COPT) and**
- C. Meet C requirement above.**

The following questions relate to Section I of the Training Program Standards:

1. Has the residency program formally been approved by the Residency Review Committee on Family Practice [or, for Osteopathic Postdoctoral Training Institution programs, the equivalent body of the American Osteopathic Association]?

Yes ☒ No ☐

Staff comments: last site visit review in December 2006

If yes, Full ☒ Probationary ☐

Year that the next accreditation site visit is expected: 2010-2011 faculty board certification, credentials of specialty teaching staff, pediatric inpatient volume, back-up of.

Concerns:

Residents on Obstetrics floor, musculoskeletal experience, sports medicine, emergency medicine and basic trauma training: productivity and quality reports.

Staff comments: affiliated with University of California, San Francisco, Sonoma County Department of Health Services, Southwest Community Health Center, Sutter Medical Center of Santa Rosa and Kaiser Santa Rosa. Dr. Kopes –Kerr indicated that the concerns over musculoskeletal experience, sports medicine, and productivity and quality reports have been cleared up. He further indicated the concern over residents on the OB floor is a common problem for rural programs.

II. Each Family Practice Residency Training Program, or Post Graduate Osteopathic Medical Program in Family Practice, approved for funding under the Act shall include a component of training in medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare family physicians for service in such neighborhoods and communities.

The following questions relate to Section II of the Training Program Standards:

1. Does the program include a component of training in medically underserved multi-cultural communities, lower socioeconomic areas, or rural communities that is organized to prepare family physicians for service in such neighborhoods and communities? (Minimum standard requires that 15% of clinical training must be completed in areas of unmet need)

Yes ☒ No ☐ If no, provide comments: _____

Staff comments: The Santa Rosa Family Medicine Residency faculty, residents, and students care for a multicultural, multilingual group of underserved patients in the Sonoma County.

2. Describe the location of the residency program's principal family health center by completing the information below.

FHC Address	Medically Underserved Multi-cultural Community	Lower Socio-Economic Area	Rural Area	None of the Above	Length of Rotation		
					PG-1	PG-2	PG-3
3320 Chanate Rd. Santa Rosa, CA 95404	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 yrs	3 yrs	3 yrs

3. Are all of the residency program's residents required to spend part of their three years in patient care in that location?

Yes ☒ No ☐

Staff Comments: The patient population of the Family Health Center is 45% Latino, 15-20% Asian and then Caucasian.

Did the site review include a visit to the principal family health center?

Yes ☒ No ☐

Staff comments: The visit included the Family Practice Center and the Family Support Center in Santa Rosa.

List components of training (other than the family health center) required of all residents that meet the intent of Section II of the Training Program Standard:

Training Site Name/Location	Medically Underserved Multi-cultural Community	Lower Socio-Economic Area	Rural Area	None of the Above	Length of Rotation		
					PG-1	PG-2	PG-3
Homeless Shelter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-0-	2wks	4 wks
St. Joseph Mobile van	X	X			-0-	2wks	4 wks
Cal Safe teen parenting program,	X	X			4 wks	-0-	-0-
Alliance Medical Center	X	X			4 wks	4 wks	-0-
Elsie Allen School clinic	X	X			-0-	2wks	4 wks
Planned Parenthood & tabs	X	X			-0-	4 wks	-0-

Training Site Name/Location	Medically Underserved Multi-cultural Community	Lower Socio-Economic Area	Rural Area	None of the Above	Length of Rotation		
					PG-1	PG-2	PG-3
Roseland Peds	X	X			4 wks	-0-	-0-
Lombardi Clinic	X	X			-0-	-0-	4 wks
County of Sonoma	X	X			4 wks	4 wks	-0-

4. Describe the location of the residency program's training component (other than its principal family health center):

Name of Training Site	Site Designation*					
	Other CHC	Rural Health Clinic	School Based Clinic	Other	FQHC or Look-Alike	Government Owned or Operated Facility
Oakland Children's Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alliance Clinic - Healdsburg	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planned Parenthood - Fairfield	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Check all applicable categories that describe the training component

Additional comments relating to compliance with Section II of the Standards (optional):

Staff Comments: Elsie Allen School Clinic is an on-campus clinic that offers contraception, sports physicals, and counseling

III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Family Physicians who are trained in the training program funded by the Act, to enter into practice in areas of unmet priority need for primary care family physicians within California as defined by the California Healthcare Workforce Policy Commission (hereinafter referred to as "areas of need"). Such strategies shall incorporate the following elements:

- A. An established procedure to identify, recruit and match family practice residents who possess characteristics which would suggest a predisposition to practice in areas of need, and who express a commitment to serve in areas of need.

Yes ☒ No ☐

Staff comments: In their 2009 March Resident Match, they filled all 12 positions.

The promotion of the Program's mission takes place through the program's website, brochures and its overall commitment to the underserved. Prior to Match Day, prospective residents have had their file extensively reviewed for evidence of commitment to the underserved and have been interviewed by both faculty and the current residents.

- B. An established counseling and placement program designed to encourage training program graduates to enter practice in areas of need.

Yes ☒ No ☐

Staff Comments: Working with the underserved is a common thread through out the entire residency program. The emphasis on working in underserved areas is discussed in the recruitment process, in professional development groups, and at monthly Balint meetings.

A program component such as a preceptorship experience in an area of need, which will enhance the potential of training program graduates to practice in such an area.

Yes ☒ No ☐

Staff Comments: During residency each resident is provided the opportunity to do an elective with any local physician of their choosing.

The following questions relate to Section III of the Training Program Standards:

1. Does the program have an established procedure to identify, recruit and match family practice residents who possess the following characteristics?

a) A predisposition to practice in areas of need? Yes ☒ No ☐

b) Who express a commitment to serve in areas of need? Yes ☒ No ☐

2. Check all applicable categories that describe the established procedure referenced in Section III of the Training Program Standards (above): (Minimum standard is to meet 4 of 9 categories)

(a) Mission statement speaks to graduate deployment Yes ☐ No ☒

Staff Comments: Dr. Kopes-Kerr indicated that he answered no to this question because the mission statement does not specifically address graduate deployment, however it does state one of the program goals is to encourage health and reduce suffering of individuals and families, vulnerable populations, and the greater community. Also, advocate for social justice, the underserved and universal health care.

(b) Website emphasizes underserved areas, populations Yes ☒ No ☐

(c) Promotion of mission in interviews of residency applicants
Yes ☒ No ☐

Does the programs underserved goals affect the ranking of residents

Yes ☒ No ☐

If yes, how?

Preference to those who have more actual experience.

Staff comments: Preference is given to those who have documented experience with underserved populations; and who can speak and write a second language.

(d) Special emphasis on recruiting residents from areas of unmet need

Yes ☒ No ☐

(e) Developing core faculty with experience in underserved practices Yes ☒ No ☐

Staff Comments: The program has four or five faculty members that are graduates of the residency program and numerous physicians that regularly participate in the program that are graduates of the residency

(f) Utilizing community physicians from underserved areas Yes ☒ No ☐

Staff Comments: Community physicians are utilized as preceptors and involved in didactic conferences.

(g) Offering preceptorships, clerkships to medical, pre-med students

Yes ☒ No ☐

If yes, please describe:

We offer year round rotating clerkships to our UCSF affiliate students as well as at large students.

(h) Formally promoting medical careers in high schools, colleges

Yes ☒ No ☐

If yes, please describe.

We work closely with Sonoma State Univ, Santa Rosa Junior College and high schools allowing students to shadow residents in our clinics.

3. Does the program have an established counseling and placement program designed to encourage training program graduates to enter practice in areas of need?

Yes ☒ No ☐

If yes, please describe:

It is made clear in the application process and is discussed regularly with advisors and in the professional development group and is strongly reinforced by new consortium structure, which was created for this purpose.

4. Check all applicable categories that describe the established counseling and placement program referenced in Section III of the Training Program Standards (above): (Minimum standard is to meet 1 of 4 categories)

a) Faculty advisors/hospital management promote practice opportunities

Yes ☒ No ☐

b) Coordination with NHSC federal/state loan repayment programs

Yes ☒ No ☐

c) Coordination with community physicians in recruiting residents

Yes ☐ No ☒

d) A program for the placement of family physicians in underserved areas in addition to the Practice Management Course

Yes ☒ No ☐

Additional comments relating to compliance with Section III of the Standards (optional):

Staff comments: Many graduates of the residency program have become active teachers in the program, as well as leaders in the Sonoma County medical community.

Song-Brown Program questions:

1. What year was the residency started? 1938

2. How long has the program been receiving Song-Brown funds? Since 1992

a) What year did the program first apply? 1992

b) Has the program consistently applied for funding each year?

Yes ☒ No ☐

If no, explain: _____

3. Are program graduates made aware that they can contribute to the Song-Brown Program at the time of license renewal? No

Staff Comments: Dr. Kopes-Kerr was not aware of the contribution that Medical Doctors can make to the Song-Brown Program; however he indicated that in the future he would make his residents aware.

4. Explain how the program maintains contact with its graduates to obtain information about their practices. Include what information is gathered and how it is used.

Annual graduation surveys, hard copy for ACGME and annual e-mail survey for Song Brown info.

5. How has your program benefited from receiving Song-Brown funds?
Song-Brown has been critical in support of our program amid deteriorating financial economy.

The following are general questions relating to the administration of the Song-Brown program:

1. Do you have any concerns about any of the following processes established for the administration of the Song-Brown Act? If yes, please describe.
- | | | |
|--|------------------------------|--|
| a) The applications for Song-Brown funds: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| b) The oral presentations to the Commission: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| c) The contract process: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| d) The invoice process: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

Staff comments: Dr. Kopes-Kerr suggested that Song-Brown offer an orientation for new program directors on the process, along with a video of a good Program's presentation to the Commissioners.

2. Is there any information about the residency program not covered by the above questions that should be noted or included with this site visit report?

We are in the process of changing sponsorship from Sutter Medical Center Santa Rosa to the Santa Rosa Residency Consortium. This has taken far longer than expected and the slow roll out of the funding and the current economic recession are hampering some areas of residency function (e.g. selection of rotation sites, funding for faculty development etc.).

Staff Comments: Song-Brown staff discussed the idea of a Song-Brown created graduate survey and asked Dr. Kopes-Kerr if he would have any objection to forwarding the survey to his past graduates, he indicated that he would be willing to forward the survey on our behalf.

Staff also had an opportunity to speak with Dr. Jeff Haney, a 2005 graduate of the Sutter, Santa Rosa Residency Program. Dr. Haney stated he grew up in Eastern Washington where there was not much diversity and it became his personal mission to work with the underserved. He later graduated from the University of Washington Medical School and chose Santa Rosa's residency because of their focus on working with underserved populations.